

## TENANT CERTIFICATION OF HABITABILITY

\_\_\_\_\_  
GA ID

\_\_\_\_\_  
Property Name

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
Lease Holder Name

\_\_\_\_\_  
Daytime Contact Number

Use this form to establish the habitability of a unit unavailable for inspection during a DCA inspection.

Owners/managers must provide pictures of the unit, and the tenant must complete the tenant certification portion of this form, **and sign the back of the pictures verifying** that the pictures accurately represent the physical condition of their unit. **Only signed originals will be acceptable to DCA.**

### PART 1: Section 42 Housing

This community operates under the IRS Section 42 program. The owner must maintain the physical condition of your unit. Since the Department of Community Affairs was unable to inspect your home, we are asking you to certify that your home is in good condition. Please be aware that owners are allowed to charge tenants for repairs caused by tenant misuse, neglect or willful damage. However, the owner may not charge for routine maintenance or damage that is the result of owner neglect or failure to respond to requests for service.

\_\_\_\_\_  
Tenant Initials I have read understood the above statement.

### PART 2: Unit Conditions

Room	In Acceptable Condition	Comments
Bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bedroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Call for aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ceilings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical System	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HVAC System	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outlets/Switches	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Patio/Porch/Balcony	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Smoke Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Walls	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**WARNING:** Section 1001 of Title 18 of the U.S. code Makes it a criminal offense to willfully falsify a material Fact or make a false statement in any matter within the jurisdiction of a federal agency.

Has management been responsive to your maintenance requests?

Yes  No

Has management promised any repairs that aren't complete?

Yes  No

Were repairs made to your home just prior to signing this form?

Yes  No

If yes please list repairs and dates of repair: \_\_\_\_\_

\_\_\_\_\_

Resident must initial the following statements as true and correct.

My home has been in a habitable condition for occupancy since move in. \_\_\_\_\_

Management has not coerced me to change answers to above questions. \_\_\_\_\_

The pictures attached represent an accurate depiction of my home. \_\_\_\_\_

Management has provided me with a copy of this certification. \_\_\_\_\_

Please print your name and address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PART 3: Household Certification**

I understand that completing this certification is required to maintain compliance with section 42 of the IRS code. Management must obtain this certification to maintain compliance with IRS regulations.

I/We certify that the information presented in Part 2 of this form is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information to the Federal or State agency with oversight of the program(s), and to the Georgia Department of Housing and Community Affairs in its capacity to monitor the property's compliance with applicable program requirements.

\_\_\_\_\_  
(Signature – Head of Household)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature – Co-Head of Household)

\_\_\_\_\_  
(Date)

### **PART 4: Management Certification**

I certify that this form has been completed by the leaseholder of the unit on the first page of this form. The tenant was allowed to complete Part 2 without coercion. The pictures represent an accurate depiction of the unit and all information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Signature – Management)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Title and Name)

Inquiries about this form should be directed to:

Department of Community Affairs  
Office of Affordable Housing – Compliance  
60 Executive Park South, NE  
Atlanta, GA 30329  
404-679-0678

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